AIR FORCE MEDICAL GENETICS CENTER		LABORATORY TEST REQUEST		
81 MDG/SGOU 301 Fisher Street, Room 1A132, Keesler AFB, MS 39534-2519				
301 Fisher Street, Room 1A132, Keesier A		· · · · · · · · · · · · · · · · · · ·	affected by the Privacy Act of	1974 - Use DD Form 2005)
NAME: (Last, First, Middle Initial)	T INFORMATION: DATE OF BIRTH			
NAME: (Last, Hist, Middle Initial)		DATEOFBIRTH	PHONE NUM	WIDER
FMP/SSN STATUS:	Active	Dependent	Other: (Specify)	Male Female
NAME OF SPONSOR (Last, First, Middle Initial) DATE OF BIRTH			RTH GR.	ADE OF SPONSOR
BRANCH OF SERVICE				Other: (Specify):
NAME OF PARENTS, SIBLINGS (Name and Date of Birth is required if family member sample(s) is included) DATE / TIME OF COLLECTION:				
ETHNICITY: Caucasian Caucasian		American American	Jewish- Ashkenazi	Other: (Specify):
PREGNANCY INFORMATION (If applicable): Gestational Age: (Weeks) Determined By: Ultrasound LMP				
SPECIMEN TYPE: Blood Bone Marrow Amniot ic Fluid CVS Tissue/Other: (Specify type):				
CLINICAL INDICATION / REASON FOR TESTING (Required for Processing)				
PROVIDER INFORMATION:				
			SPECIMEN SHIPPED FROM: ((Complete Address)
CLINIC:				
FAX: TELEPHONE:				
EMAIL ADDRESS:			LAB POINT-OF-CONTACT (Name / D SN Number)	
LABORATORY TESTS ORDERED				
(DNA Testing - See Required Permission on Reverse)				
CYTOGENETICS 1	DNA - ROU	TINE ²	DNA - PEF	RMISSION ONLY 2,3
Chromosome Analysis (karyotype)	Achondroplasia Congenital Bilateral A		Friedreich Ataxia HNPP (Hereditary N	
FISH Analysis (Indicate which probe)	Deferencs Cystic Fibrosis Panel		HIV Resistance Huntington Disease	۵
Williams	Duchenne Mus cular			drofolate Reductase
DiGeorge / VCFS	(males only)	Бузсторну	Myotonic Dystroph	
Other (Call for availability)	Factor V Leiden		Prader-Willi / Angel	
	Fragile X Syndrome		ret Proto-Oncogene	e (MEN2A, MEN2B & FMTC)
	Hereditary Hemochro	omatosis	Spinal Muscular At	trophy Type 1 (Werdnig-Hoffman)
	Medium Chain acyl-C (MCAD)	CoA Dehydrogenase	Other (call for avail	ila bility)
	Sex Determination (S	SRY)		
	Sickle Cell Disease (
	Spinocerebellar At ax			
1 Cytogenet ic Samples - Submit 2-10 ml of blood in a green top tube (Sodium Heparin) at room temperature. DO NOT use Lit hium Heparin Tubes 2 DNA Samples - Submit 3-5 ml of blood in a purple top tube (EDTA) or a yellow top tube (ACD) at room temperature. 3 Permission Only - Call first for test availability. Certain tests are not listed yet requests for these tests are considered on a case-by-case basis. *** (SCA1, SCA2, SCA3, [MACHADO-JOSEPH DISEASE] AND SCA6) DNA: 597-9256: CYTOGENETICS: 597-6727: CLINIC: 597-6393. (Commercial: 228-377-XXXX)				